The use of The Danish Newborn Screening Register and Biobank in Routine and Research

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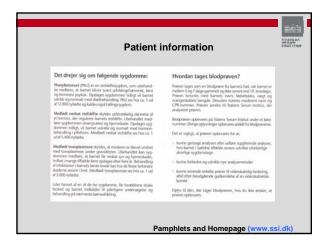
Summary

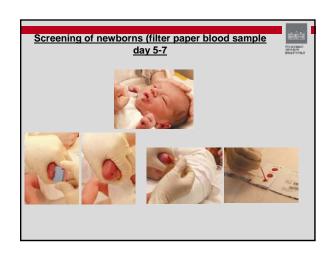
- Newborn screening in DK year 2006
- Legislation for newborn DBSS register and biobank
- Public debate now and in the past
- Storage of DBSS specimens and data
- · Practical use in routine and in research
- New Biobank Guidelines

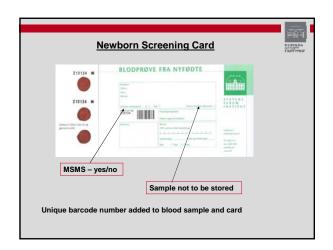
Rutine newborn screening for PKU (1975), CH (1978), and Toxoplasmosis (1999) in Denmark, Greenland and Faroe Island

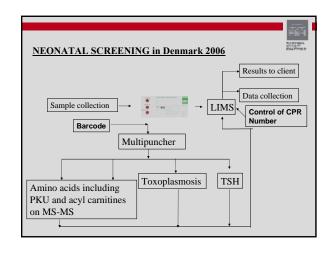
- Mandatory to offer screening
- ❖ Informed dissent (+/- screening, storage)
- PKU-Biobank since 1982
- ❖ 30 mill Euro saved per year
- ❖ Cost benefit ratio 1:28
- ❖ Accreditation: Iso 17025 by Danak 1998 and onwards
- New guidelines for newborn screening 2006

Patient information Information on blodgrove fra nyfote Associated to the state of the state o





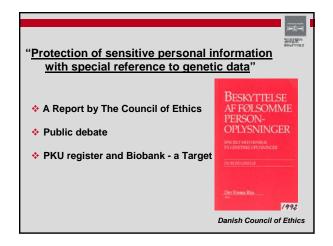


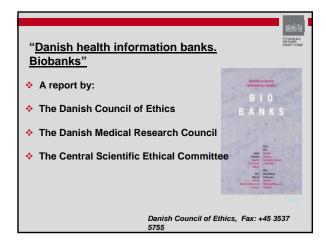


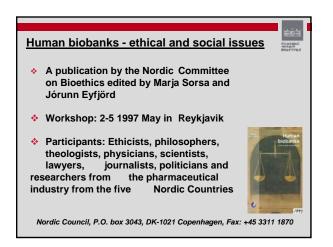
Public debate about the Danish PKU
register 1991-1994

News media – October 10, 1991

The Danish Parliament
The Danish National Board of Health
The Council of Ethics
The Central Scientific Ethical Committee
On site – inspection September 17, 1993





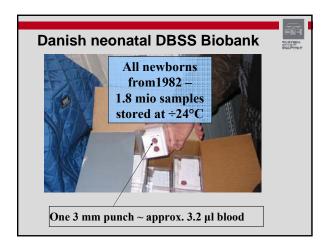




Describing procedures now and in the past concerning:

Diagnosis, treatment, control measures, documentation, repeated analyses, quality – assurance, assay improvements, non individual statistics, specific disease testing medico legal use and research projects. No examples of misuse!

Executive order/regulation by the Ministry of health (January 14th 1993)



<u>The Danish Newborn Screening register</u> <u>and biobank</u>



- 1. Diagnosis and treatment of PKU, CH and Toxoplasmosis
- 2. Control, documentation and repeated analyses
- 3. Quality assurance and assay improvement
- 4. Non-individual based statistics
- 5. Specific disease testing (informed consent)
- 6. Medico legal use (court order)
- 7. Research projects using biochemical, genetical and environmental markers

Specific disease testing using stored PKU cards (Ad 5)

- Pediatricians, Clinical Geneticists, Forensic Pathologists
- Informed consent
- * Biochemical or mutational analyses
- ❖ Treatment ?
- Prevention ? (Prenatal Diagnosis)

Diagnostic use during infancy

Unexpected morbidity/mortality

- Retrospective genetic testing ex. congenital epidermolysis bullosa CDG syndrome Long QT syndrome ex. Spinal muscle atrophy type 1 etc.
- Congenital infections Toxoplasmosis (IgM) CMV (IgM + PCR)

Medico legal use (Ad 6)

- After informed consent or court order
- Infant death in early infancy
- Identification
- Crime scene investigations





- ❖ Anonymous +/-
- ❖ Informed consent +/- or dissent
- * Approval by the Data Surveillance Authority
- * Approval by the Scientific Ethical Committee
- Final approval by Biobank Steering Committee

Retrospective screening projects

Is prospective screening possible?

- Neonatal screening for CF (IRT + Δ508)
- Congenital Toxoplasmosis (IgM)
- Congenital adrenal Hyperplasia (17-OH-P)
- Tandem Mass Spectrometry (MS-MS)

Allele frequency studies

- ❖ MCAD mutation and SIDS
- Apolipoprotein B-3500 m
- ❖ Factor V Leiden Mutation
- Hereditary haemochromatosis
- Luteinizing Hormone
- * Follicle stimulating hormone receptor
- Transforming growth factor alfa and facial cleft
- Bylers disease
- Others

Infectious disease epidemiology (mother & child samples)

- Toxoplasmosis
- Parvovirus B19
- HIV & Hep. B surveillance
- Vaccination status surveillance

<u>Case/control studies ("Late onset disorders")</u> <u>Etiology studies</u>

- Cerebral palsy
- Diabetes Mellitus type 1
- Schizophrenia
- Bipolar disorders
- Autism
- Other

Type 1 diabetes risk analyses on dried blood spot samples from population based newborn.

Design and feasibility of an unselected case control study

Eising S. et al: *Pediatric and Perinatal Epidemiology*. 2006; *In press*

Material:

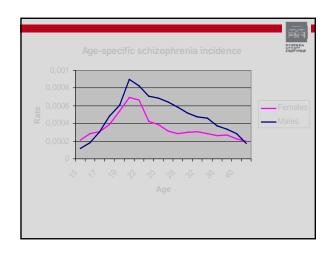
T1D cases: 2086 Controls: 4172

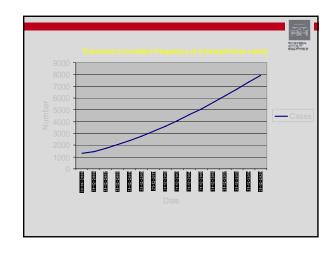
Analyses: genotyping

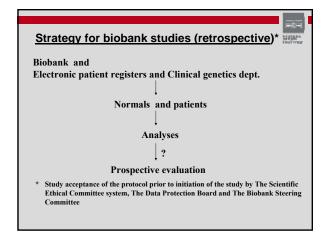
cytokine measurements auto-antibody measurements

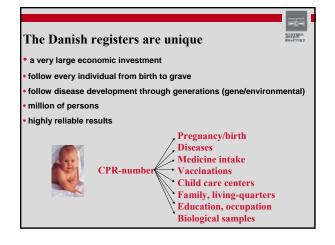
Information: Danish National registers



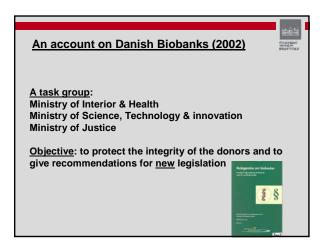


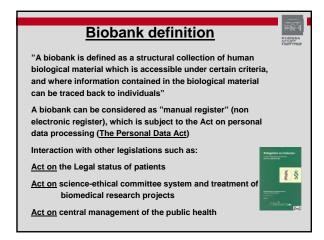


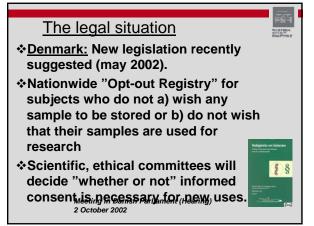


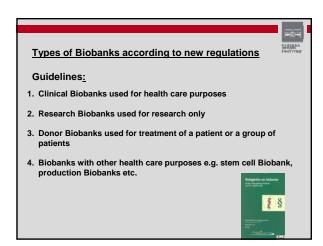




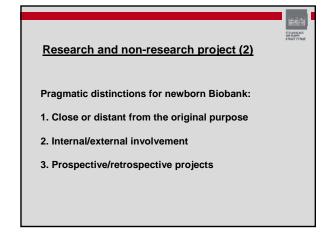


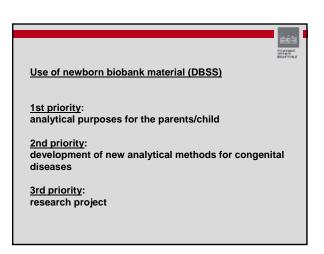














A new biobank steering committee for research project

- An initiative from the Danish Medical Research Council
- Ensure that all guidelines are followed:
 - a) enough material left in biobank
 - b) accept from Scientific Ethical Committee System
 - c) accept from the Data Protection Board
 - d) extra material returned to biobank

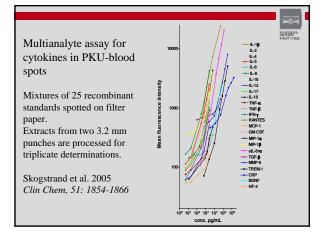
New filterpaper assays

Tandem mass spectroscopy (MSMS) (amino acids, organic acids and fathy acids)

New multiplex immunoassays (hormons, enzymes, cytokines, autoantibodies, etc.)

Whole genome amplification (WGA) (genetical analyzes)

Axelborg, 9. november 2005



Danish newborn DBSS bank (1)



- Bank regulated by specific legislation with oversight
- Parents informed at specimen collection about bank and its use
 - Verbally and pamphlets
 - Information focuses on the use of specimens
- Parents may choose to opt out now or later (central "Use of tissue register" for Denmark)

Danish newborn DBSS bank (2)



Storage:

- Secured privacy protection/controlled access
- Linked with data/specimen in separate facilities
- Unique number assigned
- Computerized system
- Stored at -20°C without desiccant
- Freezer restricted to authorized personal only

Danish newborn DBSS bank (3)



Legal and Ethical issues:

- Public debate political, administrative and legal assessments
- * Well-defined set of regulations for operations

Open dialogue important

Conclusion (1)



Systematic storage of DBS residuals from newborn screening:

- * A sine qua non for routine screening
- Beneficial to newborns, their families the society and future generations
- Strict rules and specific safety procedures
- Open and continuing evaluation and public dialog
- * Adequate resources must be available

Conclusion (2)



Informed consent forms with signature etc. will not be possible in Denmark

- Administration will be very complicated, expensive and time consuming
- Health professionals do not have time and motivation
- Will cause misunderstanding mistrust and anxiety
- * Many will opt out from storage and screening